## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/28/20	Address:	Lake Ave, west of Plum St
Case #:	24F32103		Plymouth, IN
County:	<u>Marshall</u>		<u>46563</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply) ☐ Lithium/Ammonia Reaction(s): Backpack   ☐ Red Phosphorous/Iodine Reaction(s):   ☐ Flammable Solvents: Backpack   ☐ Water Reactive Metal (Lithium): Backpack   ☐ Arthydrous Ammonia: Backpack   ☐ Hydrochloric Acid Gas Generator(s):   ☐ Corrosive Acid:   ☐ Corrosive Base: Backpack			
☐ Other (item and location):_			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip Il from other agency
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Plymouth FD</u> artment: Marshall Co. ction Service: <u>n/a</u>	Fax: <u>574-9</u> Fax: <u>(574)</u> Fax: <u>n/a</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Keith Bikowski Phone 574-546-4900			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,